



Essential Family Caregiver Program Implementation Toolkit



BACKGROUND.....	3
GUIDANCE & INFORMATIONAL DOCUMENTS	4
FACILITY REQUIREMENT GUIDANCE	4
RESIDENT/REPRESENTATIVE EFC GUIDANCE	7
SUPPORTIVE TOOLS & FORMS.....	9
EFC APPLICATION FORM	9
INDIVIDUALIZED RESIDENT EFC PLAN	11
RESIDENT EFC PLAN CHECKLIST	12
FACILITY EFC PROGRAM QA TOOL.....	13

[EFC Program PowerPoint Presentation](#)

The COVID-19 pandemic disproportionately affected those who live in long-term care facilities, such as nursing homes and assisted living facilities. One of the many detrimental effects from this pandemic was the psychological toll from social and emotional isolation. The abrupt and ongoing separation from those who provide both care and companionship to these residents was, in many cases, as dangerous as the virus itself.

Recognizing the critical role that outside caregivers play in the well-being of many long-term care residents, state lawmakers and healthcare providers worked together to establish legislative policy that will ensure such residents can continue to receive the physical and emotional care that they require.

The Indiana Department of Health has established new guidelines to ensure these programs are present across all facilities. The following Implementation toolkit was compiled to provide LTC facilities with information and tools to support them in establishing their own tailored EFC program.

All facilities shall create and maintain an EFC Program to ensure all long-term care residents can continue to receive the person-centered care they need in the event of future visitation restrictions related to a public health emergency or other declared emergency.

This document is intended for use by long-term care (LTC) facilities licensed by the Indiana Department of Health to provide a clear outline of a facility's requirements as mandated in Senate Enrolled Act 202. These requirements shall be reflected in the policies and procedures developed for implementation of a facility's essential family caregiver (EFC) program.

- All state licensed LTC facilities are required to establish and maintain an EFC program; this applies to licensed assisted living facilities, skilled-nursing facilities and nursing facilities. The EFC program is required to be utilized during declared emergencies or public health emergencies when visitation is limited or restricted.
- The facility must inform all residents, or the resident's designated representative, of the EFC Program and provide written information regarding the criteria for participation in the program, as well as the facility's EFC application process.
- The facility must allow a resident, or the resident's designated representative (if the resident has been deemed incapacitated or is a resident of a memory care unit), to designate at least two individuals to serve as essential family caregivers. In other words, the resident, or the resident's designated representative, may choose to only designate one individual to serve as an essential family caregiver but is permitted to designate up to two individuals. If more than one essential family caregiver is designated, the resident, or the resident's designated representative, shall determine the identity of the primary essential family caregiver to serve as the main point of contact for communication and care coordination related to the EFC program.
- There are two primary requirements to be appointed as an essential family caregiver. First, the caregiver must be at least 18 years of age. Second, they must have provided care and support to the resident on a routine basis, about twice a week on average, prior to the visitation limitations or restrictions. If the resident is newly admitted to a long-term care facility during a declared disaster emergency or public health emergency, a person who provided care to them before their admission would also be able to apply as an essential family caregiver.
- The facility's administrator, or their designee, shall have the discretion to determine whether to designate an individual as an essential family caregiver and must approve or deny the applicant within seven days of receipt of application in consultation with facility staff who provide care to the resident. The facility's administrator, or their designee, may factor in the current status of the facility, as it relates to the declared emergency or public health

emergency, when determining whether to designate an individual as an essential family caregiver.

- If a facility denies an application for essential family caregiver designation, the reason for denial must be provided in writing to the applicant. It is the sole burden of the facility to provide justification for denial of the application. The applicant may then request in writing that the administrator reconsider designating the applicant as an essential family caregiver. An individual whose application is still denied after reconsideration may report the denial in writing to the Indiana Department of Health or LTC Ombudsman if the individual believes that the denial is not justified.
- The facility is required to develop an individualized resident EFC plan that is maintained in the resident's file (electronic or paper) and provided to all parties. This plan must be person-centered and include the following components for each designated caregiver:
 - Hours of visitation and the duration of visits.
 - Specify the responsibilities of all parties (i.e., the care to be provided by the essential family caregivers).
 - Include indoor and outdoor visitation, and virtual visitation for when the caregiver is unable or prohibited to enter due to illness.
 - Reflect the preferences of the resident and caregiver, and be in accordance with existing state/federal guidelines for visitation.
- The facility must develop and provide in writing the visitation rules that the designated essential family caregiver must follow in the facility (i.e., participating in screening and routine testing, practicing hand hygiene, wearing required PPE, staying in designated areas of the facility, adhering to EFC plan, etc.), and the essential family caregiver must attest to receipt and agreement to the rules.
- A facility may restrict an established plan of visitation by an essential family caregiver if the individual violates the visitation rules or has a positive screening / test. An individual with a positive screening / test should be permitted to return based on state and federal guidelines (i.e., similar to Return to Work guidelines for health care personnel).
- Any facility that is unable to comply with the requirements as outlined in this document is required to notify the Indiana Department of Health of the reason for the inability to comply and what the facility needs in order to become compliant with the program.

Q: When are LTC facilities expected to be in compliance with the new legislation?

A: As soon as possible. Facilities must begin establishing their EFC program now and inform staff, residents and the resident's designated representatives as soon as possible to permit essential family caregivers when visitation is limited or restricted during a declared emergency or public health emergency.

Q: Will there be penalties from the Indiana Department of Health for non-compliance with the new EFC regulations?

A: Yes. IDOH will evaluate the EFC program of all LTCFs as part of the existing survey process

Q: If the facility has limited space and several caregivers participating in their program, does that give them grounds to limit the number of essential family caregivers?

A: A resident, or the resident's designated representative, must be allowed to designated up to two caregivers. Only one caregiver will be in the facility providing care to the resident during a visit at a time. The facility and all caregivers should work together to establish a schedule that allows for all EFCs to have the opportunity to visit.

Q: Can caregivers do more than prompting at meals, help with grooming, and provide companionship? Do we need to have any type of skills validation for the care an EFC provides?

A: There is no defined scope of practice for an EFC, nor are facilities required to perform skills validation/checks. The facility should intervene and correct any concerning observations, and these expectations should be outlined in the facility EFC program policy. Please note, the care provided can help supplement but should not replace the care provided by the facility.

Questions about the EFC program and requirements should be directed to FamilyOutreach@isdh.in.gov.

Why residents should have an essential family caregiver (EFC)

For some residents, their family members and other outside caregivers play a critical role in providing the care and support they need day to day. The Essential Family Caregiver program allows a resident to continue to receive this kind of care and support in the event of visitation limitations or restrictions due to a declared emergency or public health emergency, like the COVID-19 pandemic. If you or a loved one receives routine care or support from personal caregivers, you should speak with the long-term care facility about their Essential Family Caregiver Program.

Requirements to be an EFC for a resident

There are two primary requirements to be appointed as an essential family caregiver. First, the caregiver must be at least 18 years of age. Second, they must have provided care and support to the resident on a routine basis, about twice a week on average, prior to the visitation limitations or restrictions. If the resident is newly admitted to a nursing home during a declared emergency or public health emergency, a person who provided care to them before their admission would also be able to apply as an essential family caregiver.

How to apply

Once the resident, or their designated representative for those who are deemed incapacitated or who are a resident of a memory care unit, identifies an individual they would want to serve as an EFC, the first thing they should do is reach out to the facility administrator for information about the facility's specific process. A resident, or their designated representative, may designate up to two (2) essential family caregivers. There are certain rules and requirements that a facility will have for their program so make sure to discuss these ahead of time before starting the application process. The facility administrator, or the administrator's designee, will approve or deny the application within seven days.

If an EFC application is denied, the justification for denial must be provided in writing, and the individual can request, in writing, that the administrator reconsider. If the application is denied again, and the applicant feels the decision is not justified, the applicant may report the denial, in writing, to the Indiana Department of Health or the long-term care ombudsman.

Essential Family Caregiver Expectations

- They will help provide care and support for the resident, similar to care and support provided prior to the visitation limitations or restrictions during a declared emergency or public health emergency, such as grooming, eating assistance, and companionship. This care can help supplement but should not replace the care provided by the facility. If the resident has multiple EFCs, the resident, or the resident's designated representative, will choose one to be the primary point of contact for communication and care coordination as it relates to the EFC program.
- They will be able and willing to take and pass any screening tests or other testing required by the facility during a public health emergency.
- They will follow precautionary measures such as appropriate hand hygiene, use of masks or other protective measures, as required by the facility.
- They will agree to the facility's visitation rules and abide by them.
- They will agree to only enter the specific resident's room and any other designated areas of the facility.

RESIDENT & FAMILY FREQUENTLY ASKED QUESTIONS

Q: Can a person apply to be an EFC now or do they need to wait until visitation is restricted by the next public health emergency?

A: The EFC Program is required to be utilized during declared emergencies or public health emergencies when visitation is limited or restricted. A person can apply and be approved as an EFC now as long as they meet criteria. They will have to continue to meet the criteria in order for the designation to remain valid.

Q: Can a resident have more than one designated essential family caregiver?

A: Yes, a facility must allow a resident to have at least two (2) individuals designated as caregivers - if more than one EFC is designated, the resident, or the resident's designated representative, will need to identify which will act as the primary point of contact for communication and care coordination as it relates to the EFC program.

Q: Can the facility limit the number of EFCs a resident can have?

A: A facility can limit the number of EFCs to two (2) per resident but may permit more by facility policy. Only one (1) caregiver is able to provide care at a time. There may be

situations where a facility has to impose some limitations on the number of EFCs in the facility at one time to accommodate safe physical distancing or other measures. Work directly with your facility to discuss any potential limitations.

Q: I am the POA for a resident but someone else will be applying for EFC designation; can I remain the main contact for the communication & care coordination if visitation restrictions are imposed again?

A: Yes, if that is the preference of the resident, or the resident's designated representative, then it just needs to be documented as a preference of the resident's EFC plan.

Questions about the EFC program & requirements should be directed to the facility Administrator; any concerns or other needs can be directed to the Indiana Department of Health at FamilyOutreach@isdh.in.gov.

Essential Family Caregiver Application Form



APPLICANT INFORMATION	
First & Last Name	<input type="checkbox"/> I am 18 years or older
Address (street address, city, state, ZIP)	
Phone	
Email	

RESIDENT/PATIENT INFORMATION	
Name of resident/patient	
Relation to applicant	
List the care you provided prior to visitation restrictions	<input type="checkbox"/> Meal set-up/ cueing <input type="checkbox"/> Assist with personal hygiene/grooming <input type="checkbox"/> Companionship <input type="checkbox"/> Other _____
How many hours per week do you expect to provide care?	<input type="checkbox"/> 1-2 hours per week <input type="checkbox"/> 2-4 hours per week <input type="checkbox"/> 4-8 hours per week <input type="checkbox"/> Other _____

I attest that if this application is approved and I am designated as an essential family caregiver, I will adhere to the following rules and requirements:

- I understand that if there is more than one caregiver, one will be appointed as the primary point of contact.
- I am able and willing to take and pass any screening tests or other testing required by the facility during a public health emergency. If I test positive, I will not be permitted to serve as an essential family caregiver for a period of time, as determined by federal and/or state guidelines.

- I will follow precautionary measures such as appropriate hand hygiene, use of masks or other protective measures as required by the facility.
- I agree to facility visitation rules and agree to abide by them.
- I agree to only enter the specific resident's room and any other designated areas of the facility.
- I understand the resident or their designated representative must agree to me being an essential family caregiver, which can be revoked by the resident or their designated representative at any time. I further understand that the administrator, or their designee, may revoke the status of essential family caregiver if I do not adhere to the requirements of the EFC program.

Applicant Signature

Date

For Office Use Only

Date application received _____

Date of determination _____

Determination must be made within seven (7) calendar days of the receipt of the application.

Application **approved** by administrator/designee

Application **denied** by administrator/designee with written rationale provided to applicant

Administrator/designee name

Administrator/designee signature

Essential Family Caregiver Individualized Resident Plan



The following template may be used to outline the requirements for the individualized essential family caregiver plan for the resident and their essential caregiver(s). A plan must be created for each individual caregiver and maintained in the resident’s file (electronic or paper).

Resident Name _____

Caregiver Name _____ Check if primary EFC

Care duties - Please list the care/support that will be provided

*Resident/caregiver preferences related to their Essential Family Caregiver plan should be clearly reflected in their plan of care

Anticipated Caregiver Visit Schedule

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Hours of Visit							
Duration of Visit							

Resident/Representative _____

Print Name

Signature

Date

Essential Caregiver _____

Print Name

Signature

Date

Facility Representative _____

Print Name

Signature

Date

Essential Family Caregiver Resident Checklist



This tool is intended for use by facility staff to ensure all necessary aspects of the resident's EFC plan are completed and appropriate records maintained. This checklist is recommended, but its use is not required and does not need to be maintained in the resident's medical record.

Name of resident/patient	
Name of EFC applicant	
Date	

- Completed and signed EFC Application Form**
 - If approved, provide copy to EFC
 - If denied, provide written denial to the applicant
- Completed and approved EFC Resident Plan**
 - If multiple EFCs per resident, there must be one designated as primary
 - There must be one EFC Resident Plan approved for each designated caregiver
- Signed attestation from EFC regarding individual facility visitation policies and restrictions**
- Signed attestation from EFC regarding individual facility policies on infection control and providing care**
- Copy of 'EFC Individualized Resident Plan' added to medical record and provided to designated caregiver(s) & resident/representative**
- Resident's existing Care Plan updated to reflect their EFC Plan and any preferences**
- Primary care staff informed and educated on EFC role and responsibilities**

This form was developed by the Indiana Department of Health as a supportive tool for reproduction and distribution. Its use is voluntary and may be substituted with an alternate application form of the issuing facility's preference.

Essential Family Caregiver Program

Facility QA Tool



Facility _____	Name _____	Date _____	
Requirement	Yes	No	Comment
Facility EFC Program Policy			
The facility has established a written EFC policy compliant with current IDOH guidelines			
All current residents/designated representatives have been provided information in writing regarding the program, application process, and criteria for participation			
Admission packets have been updated with an EFC Program information sheet for residents & families			
All current staff have been provided the EFC Program information and policy			
Staff orientation and education materials have been updated to include EFC Program information and policy			
All EFC applications have documentation to reflect determination within (7) days of submission			
All EFC application denials are accompanied by written justification			
Resident EFC Plan Review			
All EFCs have signed attestation to abide by facility visitation rules as outlined on the document			
Each resident with a designated EFC(s) has an Individualized plan for each caregiver with the following elements:			
1) Maintained in the resident's file (electronic or paper)			
2) Outlines both the hours of visitation and duration of visit			
3) Specifies the responsibilities of all parties			
4) For residents with >1 EFC - a primary is designated			
5) Includes indoor & outdoor visitation (and virtual visitation if applicable)			
6) Resident/Caregiver preferences are included in plan (via form or existing Plan of Care)			
7) Documentation that all parties have been provided a copy of the EFC Plan			

This form was developed by the Indiana Department of Health as a supportive tool for reproduction and distribution. Its use is voluntary and may be substituted with an alternate application form of the issuing facility's preference.